# Application For Employment

**City of Grinnell** 927 4th Avenue Grinnell, Iowa 50112

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veterans status, the presence of a non-Job related medical condition, disability or any other legally protected status.

			(PLE	ASE	PRINT,	)			
Position(s) applied	for				Date of Appl	licatio	on		
Last Name	Fii	rst Name			Middle Na	me			
Address Nu	umber	Street	C	ity	State		Zip Code		
Telephone Number	r(s)						Social Secur	ity Number	
If you are und of your eligib	•	•	e, can you	provi	de requir	ed p	oroof	Yes	No
Have you eve If Yes, give				s befo	ore?			Yes	No
Have you eve If Yes, give				efore?	)			Yes	No
Are you curre	ntly emplo	oyed?						Yes	No
May we conta	act your	oresent	employe	r?				Yes	No
Are you prev country becau	use of Vis	sa or Im	migration	Statu	ıs?	d in	this	Yes	No
Are you curre	ntly on "l	ay-off" :	status and	subj	ect to rec	all?	•	Yes	No
Have you bee						⁄ear	rs?	Yes	No
If Yes, please	explain.								
On What Date	e would y	ou be a	vailable fo	r wor	k?				
Are vou availa	able to w	ork: F	Full Time	Pai	t Time	SI	hift Work	Temporary	

## **Education**

		Eleme	ntary	Schoo	ol		High	School				graduat Univers				duate/ essiona	
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree		•	•	•			•	•	•		•	•	•		•	•	•
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities.																	
Describe any honors you have received.																	
State any additional information you feel may be helpful to us in considering your application.																	

List Professional, Trade, Business, Military or Civic activities and offices held.  You may exclude memberships which would reveal sex, race, national origin, age, ancestry, disability, or other protected status.	

#### **Job Description**

1.	Have you received a copy of the job description for the position for which you are applying?	Yes	No
2.	Are you able to perform the essential functions of the job, as described by the job description?	Yes	No

### **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer		Dates Employed				
Address		Starting Salary	Ending Salary			
Telephone Number(s)		Work Performed				
Job Title Supervisor						
Reason for Leaving						
Employer		Dates Employed				
Address		Starting Salary	Ending Salary			
Telephone Number(s)		Work Performed				
Job Title Supervisor						
Reason for Leaving						
Employer		Dates Employed				
Address		Starting Salary	Ending Salary			
Telephone Number(s)		Work Performed				
Job Title Supervisor						
Reason for Leaving						
Employer		Dates Employed				
Address		Starting Salary	Ending Salary			
Telephone Number(s)		Work Performed				
Job Title	Job Title Supervisor					
Reason for Leaving						

If you need additional space, please continue on a separate piece of paper.

List any specific, skills experience, education, and other job related requirements you may have.

# References

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Name		Address	Phone #
	ein are true and complete to	the best of my knowledge. I authorize inve	estination of all statements
employment shall be considered employment beyond this period I herby understand and ackno organization is an "at will" na Employee at any time with or changed by any written docume executive of this organization.  In the event of employment, I understand the consideration is a consideration of the consideration in the event of employment, I understand the consideration is a consideration of the consideration of the consideration is a consideration of the consideratio	ed active for a period of time of should inquire as to whether whedge that, unless otherwiture, which means that the without cause. It is furthe ment or by conduct unless so	ecessary in arriving at an employment deci- e not to exceed 45 days. Any applicant wis- er or not applications are being received at the se defined by applicable law, any employm. Employee may resign at any time and the er understood that this "at will" employment such change is specifically acknowledged in eading information given in my application or eal rules and regulations of the employer.	ision. This application for shing to be considered for lat time.  The ment relationship with this be Employer my discharge to relationship may not be a writing by an authorized

FOR PERSONN	EL DEPARTM	IENT USE C	ONLY	
Arrange Interview Yes	No	Employed	Yes	No
Date of Employment	lob Title			
Hourly Rate/Salary	Department			
By Name and Title	Da	te		

Notes

#### City Policy on Employment of Relatives

#### Policy:

No individual shall be an applicant for *a* position in a department or be employed by a department of the city if a family relationship will be created by such employment.

No employee shall be promoted or transferred into a department if a family relationship will be created by such a promotion or transfer.

If a family relationship is created by the marriage or cohabitation of two employees, the two employees will be given the option of deciding who will transfer, if possible, or who will terminate employment. If the decision cannot be made by the two employees, department seniority shall be the deciding factor and the least senior employee shall be transferred, if possible; otherwise, the least senior shall be terminated. If a family relationship is created by marriage between an employee and a non-employee, the employee who became married must transfer, if possible or terminate employment.

Each applicant for employment and each employee seeking a promotion or transfer shall certify in writing prior to their employment, promotion or transfer, a list of all family members employed by the City of Grinnell on the date of certification.

("Family Member(s)" are defined as mother, father, brother, sister, spouse [including cohabitating couples], children, aunts, uncles, nieces, nephews, first cousins, mother-in-law, father-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepbrother, stepsister, stepchild, half-brother, half-sister, grandparent, grandchild, and legal guardian. Relationships created by adoption are included.)

APPLICANT SHALL LIST ALL FAMILY MEMBERS EMPLOYED BY THE CITY: (IF NONE, WRITE NONE IN SPACE BELOW)

#### Military Service

Applicant's Name\_

Chapter 35C. 1 of the Code of Iowa requires that this application form shall contain a request for an applicant's military service during the wars or armed conflicts as specified:

World War II: December 7. 1941 through December 31, 1946 Korean Conflict: June 25, 1950 through January 31, 1955 Vietnam Conflict: August 5, 1964 through May 7, 1975 Persian Gulf Conflict: August 2, 1990 and ending on the date specified by the president or the Congress of the United States as the date of permanent cessation of hostilities.

Please state if you have been honorably discharged from the military or navo
forces of the United States in any war or conflict as stated above:

Date: